

UNITED STATES DISTRICT COURT

for the

Middle District of TN

Nashville Division

3-24 - 834

Marcia D. Jordan

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Case No.

(to be filled in by the Clerk's Office)

Jury Trial: (check one)

☒ Yes

☐ No

TN Dept of Children's

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Services

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Marcia D. Jordan

Street Address

1208 Ireland Street

City and County

Nashville, Davidson

State and Zip Code

TN 37208

Telephone Number

615-500-3073

E-mail Address

TN038bg1@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name A Horney General
Job or Title (if known) Office of A Horney Gen Employment Divis
Street Address 315 Deaderick Street PO Box 20207
City and County Nashville, TN 37243 19cty 20th Floor
State and Zip Code TN 37202
Telephone Number 615-532 2578
E-mail Address (if known) ag+tn.gov

Defendant No. 2

Name _____
Job or Title (if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address (if known) _____

Defendant No. 3

Name _____
Job or Title (if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address (if known) _____

Defendant No. 4

Name _____
Job or Title (if known) _____
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address (if known) _____

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name

TN DCS

Street Address

200 Athens Way StC

City and County

Nashville, Davidson Cty

State and Zip Code

TN 37208

Telephone Number

615 500 3073

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (check all that apply):



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Other federal law (specify the federal law):

Fraud - Term Separation letter stated, I quit, I



Relevant state law (specify, if known):

was dismissed, term, on Active
I was fired on active FMLA, w/ ADA accommodations.
FMLA, yet they say I quit.



Relevant city or county law (specify, if known):

Illegal activity (Fraud) reported to the labor wage board
I won Unemployment after 2yr, showing I was fired for
No fault of my own. I did nothing wrong. Director committing
Fraud, making (CWB's) apply for SSI for children who did
Not meet Fed. Disability requirements. After I reported this
My Civil Rights were violated over & over.

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (check all that apply):

- ☐ Failure to hire me.
☒ Termination of my employment.
☒ Failure to promote me. *I applied 4 times for the program*
☒ Failure to accommodate my disability. *Nat get hired on her 1st time Position denied*
☒ Unequal terms and conditions of my employment. *apply w/only 3yrs to my 38 yrs. exp. all 4 times*
☒ Retaliation. **My director is said Not to have a degree at all.*
☒ Other acts (specify): *I got the Masters in Pub Serv Management the*
 (Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.) *State paid 80% for advance*
Fired on active FMLA w ADA Acc.

B. It is my best recollection that the alleged discriminatory acts occurred on date(s) *2020-2021* *I report Fraud, Director's Fraud written on evaluations, want us to give, apply for 2 children a month SSI Fed disability even if they are not sick or disabled. You have to prob, + get 2 applications a month, I explain I couldn't, some are not elig. From then on, I was retaliated against*

C. I believe that defendant(s) (check one):
☒ is/are still committing these acts against me.
☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

- ☒ race
☒ color
☐ gender/sex
☐ religion
☐ national origin
☐ age (year of birth) (only when asserting a claim of age discrimination.)
☒ disability or perceived disability (specify disability) *Anxiety, diabetes*
Knees, bones, joints, blood pressure, anemia take 350mg iron
I finally won unemployment.

E. The facts of my case are as follows. Attach additional pages if needed.

She gave a white employee privileges, she would not give me. She let her work in Clarksville (office) sometimes. I asked for the same privilege my children (grand children) live in Clarksville, TN. I was denied. She would not let me go to any appointments, all denied. I was sick for 4 years. I had over 3600 sick leave hrs. I was denied all doctor appointments by Management
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I was given the whole A-Z DCS 19 city revenue caseload to work by myself when Natalie became my supervisor. If any mistakes happen, I was the only one working the caseload. I only put info into the computer. I do not touch any money or do the final analysis of money. Management does. It has never been a one person job. When Management stole over 350 of my cases. I fell out. No one helped me. I urinated on myself and they would not let me go home & change like other workers. I was denied all doctors appointments. I had to spend 20 mins smelling of urine, before I could go home. I was so embarrassed,

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

10/22

- B. The Equal Employment Opportunity Commission (check one):

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on (date)

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

See exhibit in Case # 3:23-01258

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

I was timely see Case # 3:23-01258

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

loss wages and my job back, Reinstatement of back pay. Reinstatement of longevity pay. Raises and would like a promotion been apply for 30 years. I have applied for 30 yrs for a promotion. I would like to be the director of CWBC, Max Spec. Policy. Faye Harris old job. I would like a lateral state position. I would like a promotion.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 7/2/24¹⁰ - 7/10/24

Signature of Plaintiff

Printed Name of Plaintiff

Marcia S. Jordan
Marcia S. Jordan

B. For Attorneys

Date of signing: 7/2/24¹⁰ - 7/10/24

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

Pro Se